Unada ji	J.T.	7//05		o personnere raci	ulred to respond	U.S. Palent and 1 to a collection of in			ush 7/3 V2004. (SÉARTHASHT (MB 0651-003	
	PAT	ENT APPLI	CATIO	N FEE DETE	RMINATIO	N RECORD			Son or Dophys M		
CLAIMS AS FILED,- PART ((Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAIN OR SMALL ENTITY		
FOR BASIC FEE		MUSA	MARKER FRLED		MUNUSER EXTRA		ÆE		RATE	FEE	
DT OFR LIES								OR			
TOTAL CLASES OF OFR LIS(d)			minu n 20 3			x 9•		OR .	×1		
DESCRIPTIONS DESCRIPTIONS		139	ainn 3 s			Z 8		OR.	×a		
MILTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.18/0) +6								ÓR	•8		
* if the difference in column 1 is tern than 2010, 81887 'V' in column 2.						TOTAL		OR	TOTAL		
	C	LAIMS AS AM	ENDED	- PART II							
9-3	0-05			(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY	
ENTA		CLAIMS REMARKING AFTER AMENOMENT		HIGHEST MANBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIDNAL FEE	
8 00	Tobai 20 1,190:0	15	Minus	- 20	`\	x 8		OR	x'e.		
TI BES	enderd R usage	• 3	Minus	- 3	. /	x0		OŘ			
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAM. (ST CPR 1-18(0))						+5=		OR			
7	1141	106			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	Z		
		(Column 1)		(Cotumn 2)	(Cotumn 3)						
ENT B		REMARKIO AFTER AMENDMENT		HEMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AOO- TIONAL FEE	
8 00	Total In CHARCE)	. 15	Minus	20	•	X 5 •		OR	X 5 •		
A Second	enderd R (JR\$Q)	·	Minus	- 2	•	x 3		OR	X 8		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST OFR 1.16(1))						+1		OR	+5	•	
						TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE		
		(Cotumn 1)		(Column 2)	(Column 8)	'				•	
O		CLAIMS		HIGHEST	PRESENT		A004-		RATE	ADD	
		REMARKING AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL FEE		KATE	TIONAL	
5 PM	iotsi R LTROO	15	Minus	20	•	#5		OR	× 4		
S SS	a rabb output	Ĭ	Minus	-3	·	×4•		OR	x1		
FIRST	PRESENT	ATION OF MUSTER	E 000-00	BIT CLASS (27 OF	+1		OR	+ 8			
	(02,14.07) TOTAL OR ADDR FEE OR ADDR FEE										
" If the entry in column 1 the teas than the entry in column 2, write "O' proclumn 3. " If the Highest Mumber Previously Polis For IN THE SPACE to less than 20, enter "20".											
"If the "Righest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "F. The "Righest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required by other in the state which is to the (and by the USPTO to process) as application. Conductability is governed by 35 U.S.C. 122 and 37 CFR 1.16. This collection is estimated to take 12 minutes in complete, including generating properties, and submitting the completed application form to the USPTO. Then all very depending upon the individual case. Any comments on the ensure of time you require to complete this form and for a suggestion of the results for the Celebraham Offices, U.S. Palarett and Trademarks Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.